

Postpartum contraception
agenda for Pacific Island
countries.

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PSRH Family Planning
committee



Background

Increasing recognition of the importance of integration of FP into antenatal and postnatal care



Scaling up postpregnancy family planning

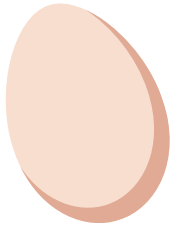
Practical guide



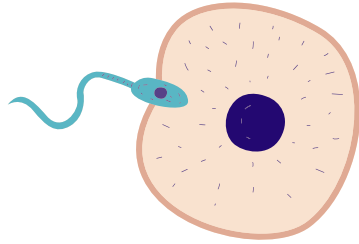
Why is postpartum family planning important?



Background



Ovulation can occur as early as 25 days postpartum



40-57% of women report having unprotected intercourse within the first 6 weeks of delivery

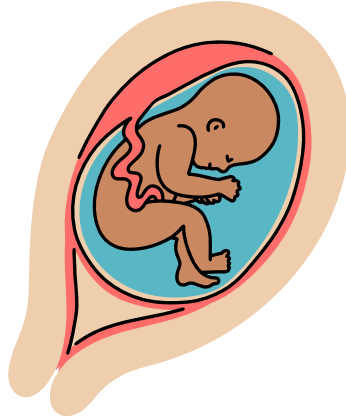
DHS data from 27 countries, show that **95%** of women who are 0–12 months postpartum want to avoid a pregnancy in the next 24 months; but **70%** of them are not using contraception (Ross & Winfrey 2001).

Risks of a short IPI



MATERNAL RISKS

- Poorer nutritional status
- Placental disorders
- Uterine rupture
- Gestational Diabetes
- Perinatal Depression



FETAL RISKS

- Stillbirth
- Neonatal death
- SGA / Low birth weight
- Pre-term delivery



ECONOMIC RISKS

- Increases consecutive time outside of workforce
- Increases costs for families, and reduces ability for wealth creation
- Cost to Government from unintended pregnancies

Survey of Postpartum family planning in the Pacific



	Is routine family planning counselling undertaken in antenatal clinic and integrated into maternity care?
RMI	(✓)
Samoa	(✓)
Kiribati	X
Fiji	✓
Solomon Islands	X
Vanuatu	X
Micronesia	(✓)
Nauru	X
Tonga	✓

	Is PPFP routinely provided before discharge?	
	Implants	IUDs
RMI	✓	X
Samoa	(✓)	X
Kiribati	✓	X
Fiji	(✓)	X
Solomon Islands	✓	X
Vanuatu	(✓)	X
Micronesia	X	X
Nauru	X	X
Tonga	✓	X

	National FP Guidelines	SRH RMNCAH policies?
RMI	No	Draft RMNCAH mentions FP
Samoa	No	SRH policy mentions family planning but no specific mention of PPFP
Kiribati	No	RMNCAH mentions FP and PPFP
Fiji	No	Draft RMNCAH mentions FP
Solomon Islands	No	National Population policy recognises need to improve FP
Vanuatu	No	RMNCAH mentions unmet need for FP
Micronesia	No	No
Nauru	No	Standard treatment guidelines mention FP
Tonga	No	RMNCAH mentions unmet need for FP

	What are the barriers to PPFP?
RMI	Lack of HCP knowledge and skills
Samoa	Low levels of community knowledge and lack of HCP skills
Kiribati	Low levels of community knowledge, religion and HCP skills
Fiji	Low levels of knowledge amongst midwives and community
Solomon Islands	Low levels of community knowledge, HCP skills
Vanuatu	Low levels of knowledge amongst HCP and community
Micronesia	Low community acceptance of contraception
Nauru	Low community acceptance of contraception
Tonga	Need for community education and HCP skills

	Is there a need for training in PPFP?
RMI	Yes
Samoa	Yes
Kiribati	Yes
Fiji	Yes
Solomon Islands	Yes
Vanuatu	Yes
Micronesia	Yes
Nauru	Yes
Tonga	Yes

KEY FINDINGS

- PPFP uncommonly provided
- Antenatal and postnatal counselling on contraception not consistently provided
- Low levels of understanding in community and amongst health professionals
- Lack of policies and guidelines on PPFP

RECOMMENDATIONS

1. PPFP services should be co-designed with local stakeholders to ensure optimal integration into maternity services, and embedded into existing health system structures
2. For sustainability, it is highly recommended that PPFP service provision should be incorporated into the training of existing staff
3. Both pre-service and on the job training are essential to maintaining a PPFP service, as is ensuring adequate general staffing levels

RECOMMENDATIONS

4. PPFP counselling should be routinely incorporated into maternity services and be provided at multiple time points during ANC and PNC.
5. Guidelines for clinicians and information resources for women and their partners are required to ensure high quality PPFP service provision
6. All these recommendations require that PPFP programs work closely with the Ministry of Health in each of the PICs to ensure clinical, education and policy support

Postpartum contraception implementation program in PICs



THE UNIVERSITY OF
SYDNEY



STEPS

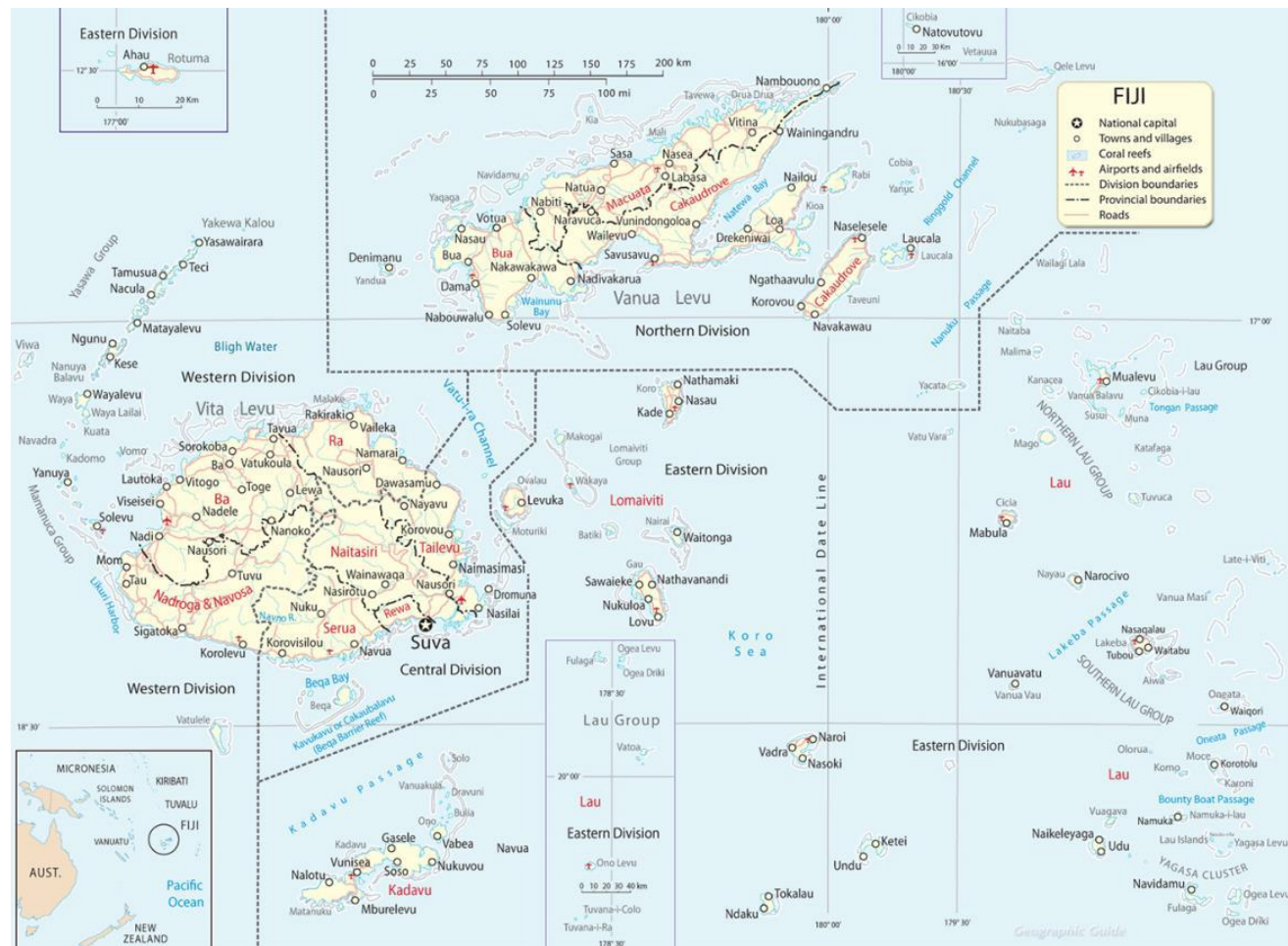
Co-design of country
level program
implementation with
Master Trainers

Educate health workers in family
planning options and counselling (ToT)

Educate maternity staff on modern
contraception insertion (implants and
IUD) (ToT)

Develop and distribute appropriate
information, education & comm
materials

Fiji



Key Statistics:

MATERNAL MORTALITY RATE: The maternal mortality rate in 2021 was **33** per 100,000 births

FERTILITY RATE: The fertility rate in 2024 was **2.5** births per woman

**MODERN
CONTRACEPTIVE
PREVELANCE:**
30%

UNMET NEED FOR FAMILY PLANNING: 44%
Contraceptive prevalence
In 2022, modern contraceptive prevalence was 30%, and 44% of women across all reproductive ages had an unmet need for family planning.

Co-design workshops

Com-B Model for behaviour change





Group	Date	Location	Attendees
Healthcare professionals	Friday 13th March	CWM	18
Postpartum mothers	Saturday 14 th March	CWM	17
Doctors	Monday 13 th April	Online	11

Key themes

Inconsistent awareness
in care pathways due to
societal constraints

Gaps in staffing and
training for family
planning

Absence of coordinated
information access
systems

Need to increase
community engagement
for rural areas

Community groups are
central but under-used

Limited inclusion of
men and young people

Contraceptive methods
availability affects
awareness and
acceptance

Training workshops



Eastern Division



Western Division



Northern
Division

Patient education video



Progress and Evaluation

- Integrated into PMOC training at CWM
- Pre and post intervention data collection at CWM Hospital with plan to roll out to other centres.
- Hope to expand program to other PICs



Looking forward

- Seeking funding for policy and guidelines and train the trainer in other PICs
- Happy to involve all those who are interested



Thank you

